

InnerCity Entrepreneurs



Class of 2006 Application

This program is made possible by support from the following organizations:



Mission

InnerCity Entrepreneurs (ICE) seeks to develop community leaders and create better ties among minority communities and the larger business world by promoting job creation, wealth generation, capacity and community building for *existing* inner-city businesses and organizations interested in *growth*.

ICE fulfills its mission by partnering with inner city community-based organizations to offer advanced management training, peer-to-peer learning, one-on-one coaching, and professional networking opportunities to inner city small business owners who want access to new markets, capital, professional resources, and knowledge to grow their businesses significantly.

InnerCity Entrepreneurs (ICE) Certificate in Small Business Entrepreneurship Application

Become Part of the Exclusive Class of 2006

The **Certificate in Small Business Entrepreneurship** developed by **Boston University's Entrepreneurial Management Institute** is the premier program for established businesses interested in growth.

Are you a business owner who would like to accomplish the following:

- Grow your business substantially over the next 3-5 years?
- Gain greater access to financial and professional resources?
- Build a peer network and develop a roadmap to help you get there?

If you answered yes to any of these questions, InnerCity Entrepreneurs could be for you!

Program Overview

How business owners benefit:

- Participate in an elite, structured 9-month educational program taught by university business school professors
- Conduct a comprehensive assessment of your business at the beginning of the program
- Use your business as the case study from which you learn and develop skills in financial analysis, marketing, and employee management
- Build a 3-year strategic action plan to significantly grow your business
- Earn a Certificate in Small Business Entrepreneurship developed by Boston University
- Gain greater access to financial and professional resources through structured and targeted networking
- Leverage peer-to-peer learning and build a peer network to help execute your growth plan

Criteria

The following criteria will be used to select applicants on a competitive basis:

- Annual revenues of \$250,000-\$5,000,000+
- Has employees and/or contractors (no sole proprietorships)
- Minority-owned and/or located in Boston
- Motivation to grow and improve business significantly
- Desire to earn a **Certificate in Small Business Entrepreneurship** that includes work outside of class
- Commitment to participate in a peer driven learning model
- Ambition to assume a leadership position in the community and serve as role model to others
- Ability to pay the \$1500 tuition fee for the certificate program (\$500 non-refundable deposit upon acceptance to the program and the balance due prior to the first class)

Application Process

To apply, complete the attached application and return it by mail, email, or fax to:

Andy Goldberg, Director of Programs & Development
InnerCity Entrepreneurs
c/o Entrepreneurial Management Institute, Boston University School of Management
595 Commonwealth Avenue, Boston, MA 02215
Email: agoldberg@innercityentrepreneurs.org Website: www.innercityentrepreneurs.org
Call with questions: 617-953-0954 or fax: 617-353-5003

All information will be kept strictly confidential and used for the sole purpose of applying to the program.

I. Applicant Contact Information

First and Last Name _____ Title _____

Business Name _____

Street _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Business e-mail _____ Website: www. _____

How did you hear about InnerCity Entrepreneurs? _____

I would be interested in learning more about scholarship opportunities: Yes _____ No _____

II. General Business Information

1. Please describe the nature of your business (check one only)

- ☐ Construction
- ☐ Financial
- ☐ Manufacturing
- ☐ Retail
- ☐ Services
- ☐ Distribution/Wholesale
- ☐ Technology
- ☐ Arts/Entertainment
- ☐ Recreation/Tourism
- ☐ Health Medical
- ☐ Other

2. Provide a brief description of business _____

3. When did you start your business? (MM/YYYY) _____

4. Do you conduct any business on-line? ☐ Yes ☐ No

5. Please provide sales and employment numbers in the table below:

	2005 (YTD)	2004	2003	2002
Revenue				
Full Time Employees				
Part Time Employees				

III. Business Education Information

1. What have been the primary business challenges you have faced over the past few years?

2. Have you sought assistance in overcoming these challenges? ☐ Yes ☐ No

a. If yes, please list the programs, resources, or networks you have used:

b. If no, why have you not sought assistance?

c. In your opinion, what worked and what did not work?

3. Please list business associations and/or community organizations in which you are actively involved.

Classes will be held every two weeks for approximately 3 hours. Please mark ALL days and times that you will be able to attend.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

☐ Morning (8-11am) ☐ Afternoon (1-4pm) ☐ Evening (4-7pm) ☐ Other_____